

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Bob Bishop for Congress NY-19

ADDRESS (number and street) ▼

PO Box 215



Check if different than previously reported. (ACC)

Walton

NY

13856

2. FEC IDENTIFICATION NUMBER ▼

C

C00591750

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

NY

19

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y

01 / 01 / 2016

through

M M / D D / Y Y Y Y

03 / 31 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Rob Phillips

Signature of Treasurer Rob Phillips

[Electronically Filed]

Date

M M / D D / Y Y Y Y

06 / 16 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 17

Write or Type Committee Name

Bob Bishop for Congress NY-19

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	21580.00	27580.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	21580.00	27080.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	15605.78	15693.04
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	15605.78	15693.04
8. Cash on Hand at Close of Reporting Period (from Line 27).....	11386.96	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	30786.82	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

PAGE 3 / 17

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Bob Bishop for Congress NY-19

Report Covering the Period:

From:

M M / D D / Y Y Y Y
01 / 01 / 2016

To:

M M / D D / Y Y Y Y
03 / 31 / 2016

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:**(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

20300.00

26000.00

(ii) Unitemized

1280.00

1580.00

(iii) TOTAL of contributions from individuals

21580.00

27580.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs)

0.00

0.00

(d) The Candidate

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

21580.00

27580.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

0.00

0.00

(b) All Other Loans.....

0.00

50.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

50.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....

21580.00

27630.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 17

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	15605.78	15693.04
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	50.00	50.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	50.00	50.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	500.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	500.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	15655.78	16243.04

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	5462.74
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	21580.00
25. SUBTOTAL (add Line 23 and Line 24).....	27042.74
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	15655.78
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	11386.96

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 17

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Bob Bishop for Congress NY-19

Full Name (Last, First, Middle Initial)

Lori Boshart

Mailing Address 32818 Tangent Loop

City

Tangent

State

OR

Zip Code

97389

FEC ID number of contributing federal political committee.

C

Name of Employer

Boshart Trucking

Occupation

CFO

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 21 / 2016

Transaction ID : SA11AI.4182

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Ellen N Creech

Mailing Address 4100 Heraldry Court

City

Lexington

State

KY

Zip Code

40513

FEC ID number of contributing federal political committee.

C

Name of Employer

Charles T. Creech, Inc.

Occupation

Hay Exporter

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 21 / 2016

Transaction ID : SA11AI.4178

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Amy Freeburg

Mailing Address P.O. Box 188

City

Gayville

State

SD

Zip Code

57031

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Agriculture Business

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 24 / 2016

Transaction ID : SA11AI.4148

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 17

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Bob Bishop for Congress NY-19

A. Full Name (Last, First, Middle Initial) Col Sandra M Gregory			Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 29 / 2016	
Mailing Address 82 Stockton Avenue			Transaction ID : SA11AI.4172	
City	State	Zip Code		
Walton	NY	13856		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 2700.00	
Name of Employer Retired		Occupation Retired	<input type="checkbox"/> Memo Item	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2700.00		
B. Full Name (Last, First, Middle Initial) Lt Col Charles Gregory			Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 29 / 2016	
Mailing Address 82 Stockton Avenue			Transaction ID : SA11AI.4170	
City	State	Zip Code		
Walton	NY	13856		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 2700.00	
Name of Employer Retired		Occupation Retired	<input type="checkbox"/> Memo Item	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2700.00		
C. Full Name (Last, First, Middle Initial) Chad Larsen			Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 11 / 2016	
Mailing Address PO Box 358			Transaction ID : SA11AI.4158	
City	State	Zip Code		
Dubois	ID	83423		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 2300.00	
Name of Employer Larsen Farms		Occupation Employee	<input type="checkbox"/> Memo Item	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2300.00		
SUBTOTAL of Receipts This Page (optional).....			7700.00	
TOTAL This Period (last page this line number only).....				

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 7 OF 17

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Bob Bishop for Congress NY-19

Full Name (Last, First, Middle Initial)

Jessica Larsen

Mailing Address PO Box 358

City

Dubois

State

ID

Zip Code

83423

FEC ID number of contributing federal political committee.

C

Name of Employer

Lukos

Occupation

Engineer

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2016

Transaction ID : SA11AI.4156

Amount of Each Receipt this Period

2300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Peggy Larsen

Mailing Address 267 W 4650 N

City

Rexburg

State

ID

Zip Code

83440

FEC ID number of contributing federal political committee.

C

Name of Employer

Larsen Farms

Occupation

Owner

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2016

Transaction ID : SA11AI.4160

Amount of Each Receipt this Period

2700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Richard Larsen

Mailing Address 267 W 4650 N

City

Rexburg

State

ID

Zip Code

83440

FEC ID number of contributing federal political committee.

C

Name of Employer

Larsen Farms

Occupation

Owner

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2016

Transaction ID : SA11AI.4162

Amount of Each Receipt this Period

2700.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

7700.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 17

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Bob Bishop for Congress NY-19

Full Name (Last, First, Middle Initial)

Gloria Miele

Mailing Address 639 Piermont Road

City

Closter

State

NJ

Zip Code

07624

FEC ID number of contributing
federal political committee.

C

Name of Employer

Miele Sanitation Company

Occupation

Secretary

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2016

Transaction ID : SA11AI.4166

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Charles Pinkey

Mailing Address PO Box 142 699 Co Hwy 39

City

Worcester

State

NY

Zip Code

12197

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		21		2016

Transaction ID : SA11AI.4180

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

William R Plourd

Mailing Address PO Box 46

City

El Centro

State

CA

Zip Code

92244

FEC ID number of contributing
federal political committee.

C

Name of Employer

El Toro Export

Occupation

President

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		22		2016

Transaction ID : SA11AI.4164

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2400.00

20300.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 17

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Bob Bishop for Congress NY-19

Full Name (Last, First, Middle Initial)

A. Axiom Strategies, LLCMailing Address 1251 NW Briarcliff Parkway
Suite 85

City Kansas City State MO Zip Code 64116

Purpose of Disbursement
Consulting Fees

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		29		2016

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Transaction ID : SB17.4216

B. Axiom Strategies, LLCMailing Address 1251 NW Briarcliff Parkway
Suite 85

City Kansas City State MO Zip Code 64116

Purpose of Disbursement
Voter Contact Palm Cards

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		18		2016

Amount of Each Disbursement this Period

1370.00

☐ Memo Item

Transaction ID : SB17.4197

C. J. Cameron Foster

Mailing Address 34174 New York Highway 10

City Hamden State NY Zip Code 13782

Purpose of Disbursement
Consulting Services

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		21		2016

Amount of Each Disbursement this Period

4000.00

☐ Memo Item

Transaction ID : SB17.4207

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

6870.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 17

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Bob Bishop for Congress NY-19

Full Name (Last, First, Middle Initial)

A. J. Cameron Foster

Mailing Address 34174 New York Highway 10

City	State	Zip Code
Hamden	NY	13782

Purpose of Disbursement
Grass Root Expenses

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		21		2016

Amount of Each Disbursement this Period

179.20

☐ Memo Item

Transaction ID : SB17.4209

B. Henry Alan, LLC

Mailing Address 5822 Crighton Drive

City	State	Zip Code
Dublin	OH	43016

Purpose of Disbursement
Compliance and Accounting

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		25		2016

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Transaction ID : SB17.4218

c. Henry Alan, LLC

Mailing Address 5822 Crighton Drive

City	State	Zip Code
Dublin	OH	43016

Purpose of Disbursement
Compliance and Accounting

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		16		2016

Amount of Each Disbursement this Period

1750.00

☐ Memo Item

Transaction ID : SB17.4195

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2929.20

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 17

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Bob Bishop for Congress NY-19

Full Name (Last, First, Middle Initial)

A. Henry Alan, LLC

Mailing Address 5822 Crighton Drive

City	State	Zip Code
Dublin	OH	43016

Purpose of Disbursement
Postage

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		16		2016

Amount of Each Disbursement this Period

22.95

☐ Memo Item

Transaction ID : SB17.4212

B. Henry Alan, LLC

Mailing Address 5822 Crighton Drive

City	State	Zip Code
Dublin	OH	43016

Purpose of Disbursement
Compliance and Accounting

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		16		2016

Amount of Each Disbursement this Period

1750.00

☐ Memo Item

Transaction ID : SB17.4203

C. Sorensen Strategic

Mailing Address 9 Fairbanks Street

City	State	Zip Code
Augusta	ME	04330

Purpose of Disbursement
Fundraising Services

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		12		2016

Amount of Each Disbursement this Period

4000.00

☐ Memo Item

Transaction ID : SB17.4193

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5772.95

15572.15

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 17

☐ 17 ☐ 18 ☐ 19a ☒ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Bob Bishop for Congress NY-19

Full Name (Last, First, Middle Initial)

A. Henry Alan, LLC

Mailing Address 5822 Crighton Drive

City State Zip Code
Dublin OH 43016

Purpose of Disbursement
Bank Account Opening Deposit

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
01 / 25 / 2016

Amount of Each Disbursement this Period

50.00

☐ Memo Item

Transaction ID : SB19B.4219

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

☐ Memo Item

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

50.00

50.00

SCHEDULE C (FEC Form 3)
LOANS

PAGE 13 OF 17

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☐ 13a
☒ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4127

Bob Bishop for Congress NY-19

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Henry Alan, LLC

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

5822 Crighton Drive

City

State

ZIP Code

Dublin

OH

43016

Original Amount of Loan

50.00

Cumulative Payment To Date

50.00

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
11 / 09 / 2015

Date Due

M M / D D / Y Y Y Y
12/31/2016

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

0.00

TOTALS This Period (last page in this line only)..... ►

0.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 14 OF 17

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Bob Bishop for Congress NY-19

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Axiom Strategies, LLC

Nature of Debt (Purpose):

Consulting Services

Mailing Address 1251 NW Briarcliff Parkway
Suite 85City State Zip Code
Kansas City MO 64116

Outstanding Balance Beginning This Period

5200.00

Transaction ID : SD10.4122

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5200.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Axiom Strategies, LLC

Nature of Debt (Purpose):

Consulting Services

Mailing Address 1251 NW Briarcliff Parkway
Suite 85City State Zip Code
Kansas City MO 64116

Outstanding Balance Beginning This Period

1500.00

Transaction ID : SD10.4124

Amount Incurred This Period

0.00

Payment This Period

1500.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Axiom Strategies, LLC

Nature of Debt (Purpose):

General Consulting

Mailing Address 1251 NW Briarcliff Parkway
Suite 85City State Zip Code
Kansas City MO 64116

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4222

Amount Incurred This Period

7700.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7700.00

1) **SUBTOTALS** This Period This Page (optional) ▶

12900.00

2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 15 OF 17

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Bob Bishop for Congress NY-19

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Axiom Strategies, LLC

Nature of Debt (Purpose):

Travel Expenses

Mailing Address 1251 NW Briarcliff Parkway
Suite 85City State Zip Code
Kansas City MO 64116

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4223

Amount Incurred This Period

94.32

Payment This Period

0.00

Outstanding Balance at Close of This Period

94.32

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Axiom Strategies, LLC

Nature of Debt (Purpose):

Digital Services

Mailing Address 1251 NW Briarcliff Parkway
Suite 85City State Zip Code
Kansas City MO 64116

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4368

Amount Incurred This Period

142.50

Payment This Period

0.00

Outstanding Balance at Close of This Period

142.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Axiom Strategies, LLC

Nature of Debt (Purpose):

General Consulting

Mailing Address 1251 NW Briarcliff Parkway
Suite 85City State Zip Code
Kansas City MO 64116

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4351

Amount Incurred This Period

7700.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7700.00

1) **SUBTOTALS** This Period This Page (optional) ▶

7936.82

2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 16 OF 17

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Bob Bishop for Congress NY-19

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Axiom Strategies, LLC

Nature of Debt (Purpose):

Consulting Fees

Mailing Address 1251 NW Briarcliff Parkway
Suite 85City State Zip Code
Kansas City MO 64116

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4224

Amount Incurred This Period

7700.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7700.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Henry Alan, LLC

Nature of Debt (Purpose):

Accounting and Compliance

Mailing Address 5822 Crighton Drive

City State Zip Code
Dublin OH 43016

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4125

Amount Incurred This Period

0.00

Payment This Period

1000.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Henry Alan, LLC

Nature of Debt (Purpose):

Accounting and Compliance

Mailing Address 5822 Crighton Drive

City State Zip Code
Dublin OH 43016

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4226

Amount Incurred This Period

1750.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1750.00

1) **SUBTOTALS** This Period This Page (optional) ▶

9450.00

2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 17 OF 17

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Bob Bishop for Congress NY-19

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mostert, Manzanero and Scott, LLP

Nature of Debt (Purpose):

Financial Disclosure Accounting

Mailing Address 4 Associate Drive

City State

Zip Code

Oneonta

NY

13820

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4227

Amount Incurred This Period

500.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)

500.00

2) **TOTALS** This Period (last page this line number only)

30786.82

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

30786.82